Rev. 07/06 City of Milwaukee
Dept of Employee Relations

## 2007 RATE CHART FOR ACTIVE EMPLOYEES

This Chart applies to all Employees whose positions are represented by any of the following units:

District Council 48; Loc 61 Sanitation; TEAM; Assc of Scient Pers; NMNR; ALEASP (Clerical);
Assc of Muni Attys; SNC; Loc 139; Loc 195 Bridge Operators; Loc 494 Mach; Loc 75 Plumbers;
Loc 510 IAM District #10; Police Aides (MPA)

## COMPUTATION METHOD OF HMO "CITY SHARE"

The CITY will pay, monthly, 100% of the lowest single or lowest family HMO premium cost to the City. For 2007, this contribution ("City Share") will be no more than \$452.37 (Single) or \$1,235.26 (Family) toward the cost of Health Plan of your choice. Any excess premium over these amounts ("Employee Share") will be deducted as a payroll deduction from the second paycheck of each month.

## COMPUTATION METHOD OF BASIC PLAN "EMPLOYEE SHARE"

An employee will pay \$75.00 (single) or \$150.00 (family) as his/her share of the Basic Plan cost. This amount ("Employee Share") will be deducted as a payroll deduction from the last paycheck of each month.

**Chart I - 2007 Monthly Health Plan Rates** 

HEALTH PLAN	SINGLE PREMIUM	CITY SHARE	SINGLE EMPLOYEE SHARE	FAMILY PREMIUM	CITY SHARE	FAMILY EMPLOYEE SHARE
HMO Select (Humana)	\$452.37	\$452.37	No Cost	\$1,235.26	\$1,235.26	No Cost
Premier HMO (Humana)	\$844.61	\$452.37	\$392.24	\$2,305.76	\$1,235.26	\$1,070.50
Basic Plan	\$636.63	\$561.63	\$75.00	\$1,434.77	\$1,284.77	\$150.00

## **Chart II - 2007 Monthly Dental Plan Rates**

DENTAL PLAN	SINGLE PREMIUM	CITY SHARE	SINGLE EMPLOYEE SHARE	FAMILY PREMIUM	CITY SHARE	FAMILY EMPLOYEE SHARE
WPS/Delta Dental	\$26.31	\$13.00	\$13.31	\$90.62	\$37.50	\$53.12
Care-Plus	\$31.41	\$13.00	\$18.41	\$91.49	\$37.50	\$53.99
DentalBlue	\$31.69	\$13.00	\$18.69	\$95.07	\$37.50	\$57.57
First Commonwealth	\$32.82	\$13.00	\$19.82	\$99.03	\$37.50	\$61.53